



Camino Dental Group

1328 W. El Camino Real, Mountain View CA 94040. Tel. (650) 962-8773 Fax. (650) 962-8464

VIP Express Checkout Enrollment Form

Patient Name _____

Date _____

I hereby authorize Camino Dental Group to keep my signature on file and to charge my credit card for the following: (Please initial all that applies)

_____ One-time charge:

Charge the balance not paid by insurance within 90 days and not to exceed \$_____ for the date of service MM / DD / YYYY. I understand that this authorization is only a one (1) time use only. Since this option is a one-time use only, the patient may still need to see the front desk staff to settle any future balance.

_____ Annual charge:

Charge the balance not paid by the insurance within 90 days and not to exceed \$_____ per visit for all visits within a twelve (12) month period starting from MM / DD / YYYY. This option gives greater flexibility and convenience to the patient when checking out. The patient will not need to wait in line when the treatment is completed. The parents can also use this option for paying for dependent(s) when the parent or guardian is not present.

_____ Monthly recurring charge:

Charge for \$_____ on a monthly basis starting on (circle one) the 5th / 20th of each month starting on MM / DD / YYYY, and continuing for _____ consecutive months for a total of \$_____. This option is mainly used for future due payment plans such as those for orthodontic visits.

I understand this authorization is valid for one (1) year unless I cancel the authorization through written notice to Camino Dental Group, or when the credit card expires. I also understand that I will receive a receipt by mail or other means for the above transaction.

Signature of Cardholder _____

Name of Cardholder _____

Card Number _____ Expiration Date _____

Type of card _____ Last 3 or 4 digits of CSV Code _____

Issuing Bank _____ Bank Phone Number _____

Please do not write below this box. Office use only.

EZPay Account Number _____ Staff _____

(Attach authorization receipt from credit card terminal below)